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ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	State File No. 1 TV
Township State	n y a
City Meanu No. O	<u> </u>
	AME instead of street and number) [If child is not yet named, make
3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legiti- 8. Number, in order of birth Full term mate?	3. Date of Oek /5 19 2. (Month, day, year)
9. Full pame Euroque le La lorse 18. Full maiden mame Julium	OTHER Morales
10. Residence (usual place of a abode) (If nonresident, give place and State) 19. Residence (usual place of a (If nonresident, give place)	abode) Muan
11. Color or race 12. Age at last birthday (Years) 20. Color or race 21.	Age at last birthday 29 (Year)
13. Birthplace (city or place) 22. Birthplace (city or place) (State or country)	Thut, es
14. Trade, profession, or particular kind of work done, as apinner, of work done, as house typist, nurse, clerk, etc. 15. Industry or business in which work was done, as silk mill, as awmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years)	which home,
spent in this work	spent in this work
27. Number of children of this mother (At time of this birth and including this child)(a) Born alive and now living (b) Born alive but n	now dead(c) Stillborn
28. If stillborn, period of gestation from the for weeks 29. Cause of stillbirth	Before labor
CERTIFICATE OF ATTENDING PASICIAN OR JUDWIFE	5 il
I hereby certify that I attended the birth of this child, who was (Born slive or stillborn)	m, on the date above state:
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	ha Torre. M.D.
Given name added from a supplemental report	tors elula, Midwille
115-1013-112 Registrar. Address Filed Cane 27 19 33.	E. E. Osmi
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